

PARENT FINANCIAL RESPONSIBILITY GUIDELINES FOR EARLY INTERVENTION SERVICES

Accessing Health Care Coverage for Washington's Infant Toddler Early Intervention Program (ITEIP) and Services:

1. Before other funding can be accessed, a parent, with private or public health care coverage, must use these resources to pay for early intervention services that their child is eligible to receive.
2. The early intervention services provider(s) or the early intervention services contractor shall assist parent(s) to access private and/or public health care coverage.
3. The early intervention services provider(s) or the early intervention services contractor, as determined locally, is responsible for billing health care coverage or assuring the parent(s) accesses their health care coverage.
4. Parent(s) are responsible for health care coverage premiums, deductibles, co-pays, and co-insurance for the early intervention services included in their child's Individualized Family Service Plan that are billed to their health care coverage.

PARENT FINANCIAL RESPONSIBILITY GUIDELINES

The following Parent Financial Responsibility Guidelines are provided to assist early intervention services contractors, Family Resources Coordinators, parents, and early intervention service providers with determining:

- **Financial hardship**, when the parent(s) states they can not pay their private health care coverage co-pay, co-insurance, or deductible; or
- **Parent financial contribution**, when the parent(s) does not consent to billing their private health care coverage for early intervention services.

These guidelines are to be used only with parent(s) who have health care coverage for their child and for the two areas defined above. The Parent Financial Responsibility Guidelines apply only to the early intervention services on an Individualized Family Service Plan that would be billed to and paid for by private health care coverage, such as physical therapy, occupational therapy, or speech and language pathology. ITEIP estimates that the guidelines will apply to less than 1% of families receiving early intervention services.

If an early intervention service is billed to private health care coverage and is denied, every effort should be made to assist the parent(s) to appeal decisions made by their private health care coverage. This may require multiple steps for the family, so it is critical to ask the family if they would like assistance in making an appeal.

The Washington Office of the Insurance Commission is available to assist parents with questions about their health care coverage. The toll free hotline is 1-800-562-6900.

I. Definitions

For the purposes of these guidelines, the following definitions apply:

- A. “Allowable expenses” means:
- a. Child support/alimony paid;
 - b. Child care costs while the parent works or goes to school; and
 - c. Medical/dental health care coverage premiums.
- B. “Co-insurance” means the cost sharing by the parent(s) for health care coverage. For example, the health care coverage pays 80% and the parent(s) pays 20% of the cost of the service.
- C. “Co-pay” means the amount determined by the health care coverage policy that a parent(s) pays to their health care provider for a specific service or supply. Payment is made directly to the provider of the service or supply.
- D. “Current income” means:
- a. Gross monthly income plus income from any other sources including but not limited to: Public Assistance Grant, unemployment compensation, disability income, child support/alimony received, other income.
 - b. If gross monthly income cannot be determined **or** is variable (seasonal), current income will be the adjusted gross income from the last Federal Income Tax return divided by 12.
 - c. For members of the uniformed services include the total shown on the Leave and Earnings Statement of :
 - 1. Base pay (earned income); and
 - 2. Allowances (unearned income)
 - 3. Do not include hostile fire pay, imminent danger pay, or free or base housing allowance if allowance is paid and deducted in the same pay period.
- E. “Deductible” means a portion of the cost of covered medical/dental expenses the parent(s) has incurred and is responsible to pay before benefits are available. Co-pays and/or co-insurances do not apply to the deductible.
- F. “Early intervention services” See Washington State’s Federally Approved Plan, Section III, Definitions.
- G. “Early intervention services contractor”(Local Lead Agency) See Washington State’s Federally Approved Plan, Section III, Definitions.
- H. “Early intervention service’s provider” See Washington State’s Federally Approved Plan, Section III, Definitions.

- I. “Financial hardship” occurs when the parent is unable to pay the co-pays, co-insurance and medical/dental expenses because their total deductible, co-pay, co-insurance and/or remaining medical/dental expenses exceeds 5% of the parent(s) current monthly income.
- J. “Health care coverage/insurance” means:
1. “Private coverage” - third party coverage of the cost of health care services for their child. This includes employment related and privately purchased coverage.
 2. TRICARE/TRIWEST – coverage for military personnel and their families.
 3. “Public coverage” - a publicly funded (state and/or federal) program for the child that provides health care services. This includes Basic Health Plus, Medicaid, Medicaid Healthy Options, and the Children’s Health Insurance Program.
- K. “Individualized Family Service Plan, (IFSP)” See Washington State’s Federally Approved Plan, Section IV, Individualized Family Service Plans Policy.
- L. “IFSP early intervention services” means the early intervention services described in an infant or toddler’s IFSP.
- M. “Insurance” See “Health care coverage/insurance” above.
- N. “Parent” See Washington State’s Federally Approved Plan, Section III, Definitions.
NOTE: Foster parents as defined in the definition of “Parent”, and surrogate parents, as defined in Section IV, Procedural Safeguards Policy, are not required to follow the Parent Financial Responsibility procedures because foster parents and surrogate parents have no legal guardianship and are not financially responsible for the child.
- O. “Parent financial contribution” means:
- a. The amount paid by the parent(s) for early intervention services when the parent(s) elects not to use their health care coverage; or
 - b. The amount paid by the parent(s) **for** early intervention services when the parent(s) does not provide necessary documentation of a financial hardship.
- P. “State lead agency” means: the Department of Social and Health Services.

II. Parent Financial Contribution

- A. If the parent(s) has health care coverage and does not assign the right of recovery or indemnification to the early intervention service provider or early intervention services contractor; the service provider or contractor will bill the parent(s) monthly their contribution for the cost of the early intervention service(s) up to 10% of their current monthly income.
- B. For any parent(s) financial contribution that is unpaid, the early intervention services provider or the early intervention services contractor will follow its established collection policies and procedures to collect any unpaid amount.
- C. The parent(s) may not deny access to health care coverage as a financial hardship in order to “save” benefits for current or potential future needs.
- D. In order to allow access to publicly funded early intervention services, the parent(s) with health care coverage must provide access to their health care coverage, pay the parent contribution, or have a documented financial hardship. The Family Resources Coordinator must inform the parent(s) of the Parent Financial Responsibility Guidelines and the local payer of last resort process.
- E. If the parent(s) denies access to health care coverage and refuses to pay the contribution for an early intervention service or services, the early intervention services contractor or early intervention services provider may deny access to public funding for that early intervention service or services.
- F. The parent(s) may deny access to their health care coverage only when there is a documented financial hardship (see III. Determining Financial Hardship). Early intervention services may not be denied due to a parent(s) documented financial hardship.
- G. When a parent(s) has health care coverage, but does not assign the right of recovery or indemnification, and is unable to pay a parent contribution of up to 10% of their current monthly income, the parent(s) may request their health care coverage not be billed because of a financial hardship.
- H. When a parent(s) has health care coverage and is unable to pay the co-pay(s) or co-insurance, the parent may request their health care coverage not be billed because of a financial hardship.

III. Determining Financial Hardship

- A. A request for financial hardship must be submitted to the early intervention services provider or early intervention services contractor who has budget decision authority within the parent/child's geographic service area.
- B. When informed by the parent(s) of a financial hardship, the early intervention services provider or the early intervention services contractor shall request information to document the financial hardship.
- C. The early intervention services provider or the early intervention services contractor must assure that documentation of the financial hardship is in the child and family's file. Documentation includes:
 - 1. Determination of current monthly income using the Monthly Income and Allowable Expenses Worksheet to Calculate Current Income; and
 - 2. Documented medical and dental expenses using the Request for Financial Hardship Medical and Dental Expenses Worksheet.
- D. To approve a financial hardship, the parent must have medical/dental expenses that exceed 5% of the current monthly income. The early intervention services contractor may approve an exception to the 5% for extraordinary medical and dental expenses.
- E. If a financial hardship is approved, Part C funding may be used, as payer of last resort, to pay for the service(s). If the service can be provided in a more cost effective manner, Part C is not obligated to use the same provider or pay the same cost as private health care coverage. The request for financial hardship must be reevaluated and approved during the annual IFSP process.
- F. The inability of the parent(s) to pay for early intervention services due to an approved financial hardship, will not result in the denial of early intervention services on the IFSP for the child or the child's family.
- G. If the request for financial hardship is denied, the parent(s) is responsible to pay their health care coverage co-pays, co-insurance, or the parent financial contribution for the early intervention service(s).